

## **Report on the social inclusion and social protection of disabled people in European countries**

**Country:** Lithuania  
**Author(s):** Jonas Ruškus, Ieva Eskytė

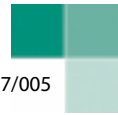
### **Background:**

The [Academic Network of European Disability experts](#) (ANED) was established by the European Commission in 2008 to provide scientific support and advice for its disability policy unit. In particular, the activities of the Network will support the future development of the EU Disability Action Plan and practical implementation of the United Nations Convention on the Rights of Persons with Disabilities.

This country report has been prepared as input for the Thematic report on the implementation of EU Social Inclusion and Social Protection Strategies in European countries with reference to equality for disabled people.

The purpose of the report ([Terms of Reference](#)) is to review national implementation of the open method of coordination in social inclusion and social protection, and in particular the National Strategic Reports of Member States from a disability equality perspective, and to provide the Commission with useful evidence in supporting disability policy mainstreaming.

The first version of the report was published in 2008. This is the second version of the report updated with information available up to November 2009.



## Summary of changes since 2008

### Housing and homelessness:

The procedure for allocating social housing for disabled people is legally proscribed. If disabled people want social housing, they must present a written request and documents to the local government, which prove their right to it. The registration procedure is fixed by each government individually. Lists of persons (families) who have rights to social housing are made according to the date of the request. There are separate lists of: young families, orphans and persons who have lost parental care; disabled people (families) and general.

### New strategies and actions for the inclusion of disabled people:

On the 2008-10-01 a resolution of the Lisbon Strategy realization programme 2008-2010 was adopted. This provided aspects of disabled people's employment and professional rehabilitation and stimulated the dialogue between members of society and authorities with responsibilities. An intense discussion about the content of the UN Convention of the rights of persons with disabilities is developing. In reality concrete steps and actions for the inclusion of disabled people are made by NGOs. Political will and direct actions orientated to inclusion of disabled people are missing. One inclusion area (form) dominates: the labour market. Other actions are not covered sufficiently. There are no new laws or significant changes in policies concerned with the inclusion of disabled people.

### New changes in incomes, benefits and pensions:

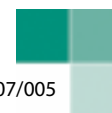
In 2008 there were 22400 disabled adults who received social assistance benefits. Compared to 2007, the number increased ~1300 (in 2007 there were 21100 disabled adults who received social assistance benefits). In 2008 there were 15900 disabled children who received social assistance pensions (in 2007 the number was 15800). The target compensation for nursing was paid to 3600 disabled adults (in 2007 – to 2700 disabled adults). In 2008 the average social insurance pension for disabled people was 685,10 LT (1EU=3,46 LT). ([www.stat.gov.lt](http://www.stat.gov.lt); [www.sodra.lt](http://www.sodra.lt))

### New changes in long-term care and support:

In 2008 there were 26 care institutions for disabled people; most of them administered by districts. The number of disabled people in care institutions is decreasing at an insignificant rate. At the end of 2008 there were 5300 disabled people; in 2006 – 5400 disabled people. In 2008 there were 4 care institutions for disabled children; 711 disabled children lived there (in 2006 - 733). In 2008, 18100 disabled adults and 2000 disabled children received social services at day care centres; about 3800 disabled people received social services or social care at home (Social Report, 2008. Ministry of Social Security and Labour)

### Implications of the economic crisis:

Because of the economic crisis it was decided to reduce the tariff of the accumulating payment from 5,5% to 3%. It is one of the means for balancing the fund of government social insurance. In this way the government ensures the payment of social insurance to pensioners, disabled people, orphans, young families and etc.



## PART ONE: SOCIAL INCLUSION PLANS (GENERAL)

### 1.1 Published plans for social inclusion and protection

The Decision of the European Parliament and of the Council of 17 May 2006 declared 2007 the Year of Equal Opportunities for All. The main goal of this decision was to ensure the application of and support for the principle of non-discrimination in the European Union and to act as a catalyst for national equal opportunities and non-discrimination policy.

On 15 December 2006, the Lithuanian National Strategy was submitted to the European Commission. This strategy set out the following main objectives:

- to consider existing discrimination problems, available data and national mechanisms for equal opportunities;
- to establish national priorities in line with the four main aims of the European Year of Equal Opportunities for All – rights, representation, recognition and respect;
- to provide for the involvement of civil society and information mechanisms;
- to plan the measures which needed to be implemented.

#### Under the Law on the Social Integration of the Disabled:

- The social integration system for the disabled comprises provision of medical, professional and social rehabilitation services, provision for special needs using special assistance tools, support to employment of the disabled, social assistance, award and payment of pensions and benefits from the State Social Insurance Fund, award and payment of benefits from the Compulsory Health Insurance Fund, provision of education services, and ensuring equal opportunities to participate in cultural, sports and other areas of public life.
- The social integration system for the disabled is funded from the national budget, municipal budgets, the State Social Insurance Fund, the Compulsory Health Insurance Fund, the Employment Fund, European Union Structural Funds and other legitimate financial resources.
- This law, which entered into force on 1 July 2005, laid out new provisions and definitions, modified the methods used to assess disability in children and adults, and stipulated equal rights and opportunities for the disabled in society, thereby bringing the social integration model for the disabled closer to the model used in EU countries.
- To implement the provisions of this new law and ensure high-quality work capacity and disability assessment as well as settlement of disputes concerning level of disability and capacity for work, the Ministry of Social Security and Labour reorganised, from 1 July 2005, the State Medical Social Expertise Commission under the Ministry of Social Security and Labour by dividing it into the Disability and Capacity for Work Service under the Ministry of Social Security and Labour and the Dispute Commission under the Ministry of Social Security and Labour.
- The Service decides on matters concerning:
  - a) the level, cause, time of appearance and period of disability;
  - b) the level, cause, time of appearance and period of incapacity for work;
  - c) the need for vocational rehabilitation services for individuals under 18 who are (were) covered by state social insurance and individuals over 18;
  - d) the nature and conditions of work of disabled people;
  - e) general initial determination of the needs of the disabled person.
- The Dispute Commission was set up as an independent body to hear disputes concerning work capacity and disability level to ensure a high-quality and independent system of dispute settlement.
- From 1 July 2005, disabled people over 18 and under old-age pension age are attributed a level of capacity for work instead of being allocated to a disability group.

- The work capacity level is set at an interval of five percentage points, i.e. if a person is recognised as having 0-25% of normal capacity for work, s/he is deemed to be incapable of work; in cases of 30-55% capacity as partially capable; and in cases of 60-100% capacity as capable of work.
- Vocational rehabilitation is defined as rehabilitation or improvement of an individual's capacity for work, professional competence and ability to participate in the labour market by using educational, social, psychological, rehabilitation and other measures. The following vocational rehabilitation services are provided: career guidance and advice, assessment, rehabilitation or development of vocational skills, and re-qualification. Vocational rehabilitation is aimed at developing or restoring a person's capacity for work and improving their opportunities to find work. After a person has completed the vocational rehabilitation programme, the Disability and Capacity for Work Service determines their final level of capacity for work.
- To ensure better support for the special needs of the disabled, this law provides a systematic approach to meeting special needs by using special assistance measures. Special assistance measures are measures aimed at meeting special needs, ensuring equal opportunities for the disabled in education and vocational training, and their full integration into society. The municipalities are responsible for establishing a disabled person's level of special needs.
- Disabled people receive the following general social services: sign language interpretation, provision of compensatory equipment, assistants, guides, housing adaptation, transport, information and advice, assistance at home, care homes, assistance benefits, meals, provision of basic necessities, etc. Where the general social services are insufficient, people receive special social services. They are provided at residential and non-residential social care and rehabilitation institutions.

One of the most important tasks of the Programme for the Social Integration of the Disabled is to decrease social isolation and to increase the accessibility of the physical environment and information. It is being implemented through amendments to the Law on the Social Integration of the Disabled, encouraging positive attitudes towards the disabled among the public, and also by adapting workplaces, housing and public spaces.

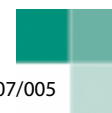
The Law on Education of the Republic of Lithuania of 28 June 2003 provides that:

*Article 15:*

- The purpose of special education is to assist an individual with special needs in his development, to help him learn according to his abilities, attain an educational level and receive a qualification; and to overcome social exclusion.
- Special education is provided in accordance with all compulsory and comprehensive programmes of education. If necessary, such programmes are amended and adjusted, special education curricula are developed and additional assistance is provided.
- Special education is provided by all schools that provide compulsory and comprehensive education, other education providers and (in certain cases) special education schools.
- Completion of formal education programmes may, for the purposes of special education, take longer than the established period. A learner who studies intermittently may complete the programmes by way of discrete modules.
- Individuals with special needs who study in accordance with programmes that meet national standards for attainment of an educational level may attain such a level and/or a qualification. In certain cases a qualification can be acquired without having attained an educational level.

*Article 34:*

At the request of the parents (foster parents, guardians) of a child with special needs, conditions are ensured for the child to study in a fully or partially integrated manner at a pre-school and mainstream school located as close as possible to his/her home or at a school implementing a special education programme.



The school's special educational commission or the Educational Psychology Service assess special educational needs and recommend a form of education. The Educational Psychology Service recommends a school for the child.

*Article 35:*

For children who are unable to attend a mainstream school due to an illness or a medical condition the opportunity to study at a medical facility, to study at home or to study independently and to sit examinations as prescribed by the Minister of Health and the Minister of Education and Science is provided.

The Special Education Programme (2004) provides for the school environment to be adapted to people with special needs. It is important that measures under this programme are implemented between 2005 and 2008. It is also important to evaluate the effectiveness, results and potential benefits of continuing the programme.

The Human Resources Programme (2007-2013) provides extra finance and improves the system for the vocational rehabilitation of disabled people (need for a system of work capacity, assessment of professional skills, improvement of the quality of services, and financing for the preparation, testing, and appraisal of vocational rehabilitation programmes for disabled people).

The Law on Social Services (19.01.2006) provides that institutional services for older disabled persons are provided by institutions for older people (county care institutions, municipal care institutions, non-governmental care institutions, special care and nursing institutions, and independent living homes) for extended periods or permanently, when they cannot take care of themselves and need special care and support.

It is established that social services are provided in day care institutions: day childcare centres, older people's day care centres, disabled people's day care centres, and community centres. Clients can spend their free time there during the day and rest. If necessary, night care and accommodation can be arranged.

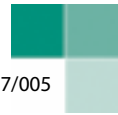
On 10 January 2008 a Resolution on the Lisbon Strategy Implementation Programme 2008-2010 was adopted. This regulated aspects of the employment and vocational rehabilitation of disabled people and stimulated dialogue between members of society and the competent authorities.

The National Report of Lithuania on Social Protection and Social Inclusion Strategies 2008 -2010 recommends the further development of the vocational rehabilitation system for the disabled. It also envisages improving the working environment, giving incentives to companies, and creating new jobs (to be offered to the unemployed). It is important to mention that there is an increasing trend towards providing social services in the community instead of on a residential basis. It should be also noted that residential service provision in Lithuania has remained insufficient, especially with regard to the elderly and the disabled. In 2007, 85% of applications for placement in old people's homes were satisfied (62% in 2005). The satisfaction rate for applications submitted by adult disabled persons for placement in care institutions was even lower – 72% (62% in 2005). The report highlights that greater attention should be paid to the problem of integrating persons with special needs into the education system.

- **What is missing from these plans?**

It is necessary to improve the legislation and implement the Convention on the Rights of Persons with Disabilities.

To involve associations of disabled people, local and state government and other ministries in improving the social integration of the disabled.



To change the system for financing integration programmes for disabled people by involving local government.

To strengthen the habits of programme authors: advise them, organise their training, and teach them the effective administration.

To improve programme limits and make activities and priorities more exact.

## 1.2 Major actions (policy or practical examples)

The Law on Education of the Republic of Lithuania stipulated that education for people with special needs should be ensured by adapting the environment and providing psychological, special educational and special support. Children who are unable to attend a mainstream school due to an illness or medical condition must be given the opportunity to study at a medical facility, to study at home, to study independently and to sit examinations as prescribed by the Minister of Health and the Minister of Education and Science.

The Law on the Social Integration of the Disabled changed the methods for assessing disability in children and adults. The model of social integration of the disabled was brought closer to the model in EU countries, and equal rights and opportunities were reinforced. Reforms to the social security system for the disabled have led to positive changes in the majority of areas of life. All these changes have created better conditions for vocational rehabilitation and care at home; the state supports families with disabled children, and it is organising a unified vocational rehabilitation system that guarantees the opportunity to take advantage of the right to work and to lead a meaningful life.

The main focus of the Law on Social Services (2006) has been changed and it now takes into consideration not only the disabled person, but his/her family. The new law introduces new forms of social services (self-dependent care institutions, help at home and in day care centres), which in the future will help disabled people and all their family.

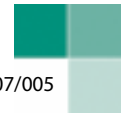
The National Programme on the Social Integration of the Disabled (2003 -2012) provided that during 2003 -2006 the public transport system should be adapted to accommodate persons with mobility disorders: ramps, automatic doors, lifts, and a modernised information system for public transport passengers were installed. Ninety-six kilometres of tracks were built for pedestrians.

The National Social Security and Social Integration Strategy provides support to employment programmes for people who are at risk of social exclusion. It also aims to increase economic participation by disabled people.

The Work Rehabilitation Programme helped 300 disabled people to update their work and professional skills. Experts helped the disabled persons to improve their professional skills and provided advice and guidance on choosing a profession that would suit their individual health situation. The most common professions were: labour organiser, accounting clerk, and administrator. The effectiveness of work rehabilitation is increasing every year.

The Lithuanian Labour Exchange under the Ministry of Labour provides financial support to employers who have created jobs for the disabled. In 2007 300 new jobs for the disabled were established. About 40% of these jobs were reserved for people with 40% incapacity. Disabled people were employed as drivers, cooks, confectioners and bookkeepers.

The main aim of the Programme for the Social Integration of the Disabled is to improve society's understanding of the social integration of the disabled, to form positive opinion, and to give information about government policy, preventative healthcare and services. To this end, three main activities were financed (publications, conferences and courses) as well as other public information services.



During this programme 35 700 disabled people received information about preventative healthcare, social services, education, law, and employment.

A virtual database on rehabilitation and integration was set up in line with the aims of the Programme for the Social Integration of the Disabled, providing useful information to disabled people and others. By the beginning of July 2007 about 7 000 users had received information, and the number of users is continuing to increase.

One hundred and twenty-three public education events were organised (conferences, seminars, discussions, and exhibitions), in which about 17 458 participants took part, 11 444 of them disabled. Stickers, cards, and audio and video clips about disability were published.

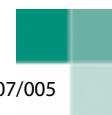
### **1.3 What is the most recent research about disabled people's equality and social inclusion in your country?**

Research commissioned by the Ministry of Education and Science in 2006 investigated the participation of students with disabilities in higher education in Lithuania (authors: Jonas Ruškus and Marius Daugėla). Students with disabilities constituted only about 0.2% of the total general sample of Lithuanian students. The social, educational and demographic characteristics of students with disabilities were identified.

The following factors were researched: the physical environment of higher education institutions; the adaptation of the physical environment of the city and accessibility of transport; equal opportunities and accessibility; involvement in curricular and extra-curricular activities; validation of student identity; assistants for persons with disabilities; state support; financial support in higher education institutions; support by non-governmental disability organisations; family support; adaptations by higher education institutions to give disabled people opportunities and concessions; individualised and flexible study plans; flexibility and competency of lecturers to work with disabled persons; support by higher education institutions to persons with disabilities; the challenge to the identity of the higher education institution represented by disabled people; coordination of the interests of higher education institutions and those of persons with disabilities; and uncertainty of transition to the labour market.

Some guidelines for development were put forward. It is essential to register students with disabilities and to develop a national database of disabled students in higher education. The question of equal opportunities and accessible studies for persons with disabilities and other socially disadvantaged groups must be seen as a priority in the development strategies of higher education institutions. A greater number of disabled students need to be attracted to higher education, and their active participation in the study process, extracurricular social life, and career planning increased. An official regulatory structure (board) in higher education institutions would allow a transition from an absence of ideas to the establishment of cooperation, structures and procedures. Such interest coordination groups would consist of representatives of persons with disabilities, pro-rectors, heads of academic departments and other interested representatives of the higher education community, as well as of non-governmental organisations and the social partners. There should also be a national coordination board within the Ministry of Education and Science. There a need to introduce the position of equal opportunities coordinator in higher education institutions. The development of favourable policy for persons with disabilities and other socially disadvantaged groups, and its implementation in higher education institutions, could form a strong basis for the higher education institution to help disabled students to realise their potential, to individualise the study process, and to instil in students the principles of open and flexible organisation.

[http://www.smm.lt/svietimo\\_bukle/docs/tyrimai/Neigaliuju\\_studiju\\_veiksniai\\_tyrimo%20ataskaita.pdf](http://www.smm.lt/svietimo_bukle/docs/tyrimai/Neigaliuju_studiju_veiksniai_tyrimo%20ataskaita.pdf)



Research commissioned by the Ministry of Education and Science in 2006 evaluated the quality of children's assessment by educational psychology services (EPS) (authors: Jonas Ruškus, Algirdas Ališauskas and Odeta Šapelytė). The study indicated certain factors that allow an EPS to best support children, parents and schools: detailed and comprehensive assessment of a child; successful mediation by the EPS between participants in the process and formal institutions; successful involvement of children and their parents in the assessment process as legitimate participants, etc. This may be achieved through an evaluation and improvement of the competences of those participating in the educational process. Instead of focusing on the child's disability, his or her knowledge, abilities, skills, motives, interests and needs as well as his/her resources have to be pointed out, strengthened and utilised. Instead of emphasising parental passivity and lack of understanding, parents' ability to know, listen to, understand and support their children has to be increased and they should be encouraged to spend time with their children, observe them in casual situations and take part in many other activities. The EPS provide support that tends to be oriented towards teachers and the school rather than a child or family. Parents and children do not actually collaborate during educational psychological assessments or the educational process; the needs and expectations of parents are not properly considered.

One of the most significant and specific functions of an EPS is a detailed and comprehensive educational psychological assessment revealing different educational resources, abilities and competences; however, an EPS is an evident network whose existence can and must be based on the involvement of legitimate participants (both people and institutions) that are a part of the network taking into consideration their responsibilities and competences, which may be effectively realised through the function of mediation. This function is rendered through coordination of expectations, needs and interests of the participants in the educational process, exchange of their resources and competences, creation of a network and its supervision as well as establishing provision for continuous assistance in organising support.

[http://www.smm.lt/svietimo\\_bukle/docs/tyrimai/PPT\\_ataskaita.pdf](http://www.smm.lt/svietimo_bukle/docs/tyrimai/PPT_ataskaita.pdf)

Research commissioned by the Ministry of Education and Science in 2007 analysed the social inclusion of disabled people up to 21 years old in Lithuania (author: Andrius Segalovičius). The study presented statistical data on the increase and decrease of disabled children and young people in mainstream and specialised institutions. The study raises the issue of the lack of systematic data collection procedures and cooperation between institutions at national level.

[http://www.smm.lt/svietimo\\_bukle/docs/tyrimai/sb/spec\\_poreikiai\\_smm\\_07.pdf](http://www.smm.lt/svietimo_bukle/docs/tyrimai/sb/spec_poreikiai_smm_07.pdf)

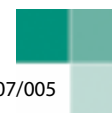
More than one tenth of students at school have special educational needs, which testifies to the importance of special educational and special support for students in mainstream schools, as well as of psychological support. Research was hence commissioned by the Ministry of Education and Science in 2007 on the Level and Demand for Psychological, Special Educational, and Special Support in Lithuanian Mainstream Schools and carried out by a group of researchers from Siauliai University (Faculty of Social Welfare and Disability Studies (S. Alisauskiene, A. Alisauskas, O. Sapelyte, R. Mieliene, D. Gerulaitis, and L. Milteniene). The focus of the research was the provision of and demand for psychological, special educational and special support among mainstream school students. Secondary analysis of documents (statistical data) was employed in order to reveal the level of demand and supply of special educational, psychological, and special support in the country. Analysis was carried out on data supplied by the information management system of the Ministry of Education and Science (MES). Quantitative questionnaires and interviews were also used to reveal the level and effectiveness of support in mainstream schools.

The research demonstrated that data on students with special needs and professionals working in schools (psychologists, educators, speech therapists, and support teachers) in the MES information system does not always correspond to, and sometimes even substantially differs from, analogous data at the disposal of specialists responsible for special education in regions, cities and city municipalities. The problem of data accuracy is important.



An analysis of formal indicators of special needs showed that the rate of identification of and support for special needs substantially differs between schools. There were some positive examples testifying to the good care taken of students with special needs by some schools and their ability to organise appropriate support for these students, their teachers and parents. However, in most educational institutions special needs are insufficiently met: special educational support is provided only for a portion of students with special needs (this indicator varies from 11 to 28% in counties; in regions it ranges from 5 to 50%). The detection rate for mild special educational needs is lowest, and most schools do not provide any educators for these students, teachers and parents. Moderate, severe and very severe special educational needs are identified more easily and reliably. The level of provision of special educational support for students with moderate, severe and very severe needs is low and differs greatly across counties and regions; support provided by a special needs educator as a teacher or consultant is necessary in this case.

A tendency has been noticed among the heads of some schools to try to solve the problem of special needs provision by establishing “cheaper” positions of support teachers and ignoring quality special educational support which can be provided to the students, their teachers and parents only by educators and speech therapists. Speech therapy provision is better than psychological or special educational support. The level of psychological support provision in schools is eminently low: many schools do not provide it because of the lack of psychologists. Even those schools which have psychologists give psychological support only to a small number of students. Information provided to the MES by schools in many cases reveals the level of identification of special needs and their range; however, it does not show the level of special needs provision and its effectiveness. Because these indicators are not interlinked, the ratio between the need and actual provision was not established. The level of provision of special educational support, assessed by derivative indicators, allowed the ratio to be established between the special needs of students (the level and range) and the ability of schools to meet them (in accordance with legislation); the need of schools to have professionals providing special educational and speech therapy support was also indirectly revealed. An analysis of the effectiveness of support provided in educational institutions revealed that speech therapy provision was better (in the opinion of respondents, N=722) compared with the psychological, special educational and special support provided in schools. Many changes were required to psychological and special educational support. A desire was also expressed for the better involvement of participants in the educational process (students, parents, and teachers) and participation in decision making and support processes.



## PART TWO: INCOMES, PENSIONS AND BENEFITS

### 2.1 Research publications (key points)

There has been a lack of research directly focusing on the incomes, pensions and benefits paid to disabled people. The most important publications on disabled people are on the participation rates of people with special needs in education and assessing vocational rehabilitation services for the disabled.

#### *Participation rates in education of people with special needs*

The number of special needs pupils who are learning on a partial integration basis in secondary schools has declined (4.1%). The number of special needs pupils who are learning on a total integration basis in secondary schools has increased (1.1%).

The number of disabled students in tertiary education and universities has increased by 6.6%.

It is necessary to improve programmes to integrate the disabled after they have completed their education. Study programmes should also be made more individualised and equal opportunities guaranteed for everyone to study in secondary and tertiary education. The national government should pay attention to the financial situation of educational institutions for the disabled.

#### *Vocational rehabilitation services for the disabled*

Vocational rehabilitation services include career advice for the disabled and vocational training. In reality, vocational rehabilitation services are not provided widely enough in Lithuania. Moreover, insufficient help is given to disabled people to find work afterwards. The most important finding is that the main problem in the vocational rehabilitation of the disabled is a lack of finance. The research shows that vocational rehabilitation services in communities must be expanded. The national government must also extend the scope of vocational rehabilitation services. It is also necessary to motivate the disabled.

### 2.2 Type and level of benefits (key points and examples)

#### *State social insurance pensions for incapacity for work*

Pensions for incapacity for work are paid to individuals who, on the day that their work incapacity level is established, have paid state social insurance for the minimum period to receive the pension for incapacity for work. This minimum compulsory period depends on the individual's age.

The work capacity level is not established in individuals who have attained the age to receive an old-age pension, and they receive the old-age pension. If an individual has been granted and paid an incapacity for work (disability) pension until the day they attain the age for the old-age pension and the old-age pension is granted for the first time after 1 July 2005, the period during which the incapacity for work (disability) pension was paid is recognised as the state social insurance contributory period.

**Table 1: Social insurance support for disability and invalidity**

	2005	2006	2007
<b>Total number of support recipients*</b>	<b>210.7</b>	<b>211.2</b>	<b>213.8</b>
Incapacity	179.9	125.2	107.8
Disability	30.8	86.0	106.1
<b>Average value**</b>			
<b>Incapacity pensions</b>	398	472	657
1st level incapacity	497	566	760
2nd level incapacity	431	492	681
3rd level incapacity	218	260	371

	2005	2006	2007
<b>Disability support:</b>	353	401	545
75-100% disability	505	572	744
60-70% disability	418	470	631
45-55% disability	203	227	304

Unit: \*Persons (thousands) \*\*LTL (1 EUR = 3.45 LTL)

Source: Data provided by the Department of Statistics under the Government of the Republic of Lithuania, <<http://www.stat.gov.lt/lt/>>

Disabled people who study at university or other tertiary educational institutes get special financial support. This is provided to disabled students who have I or II level incapacity for work and severe or moderate disability. Each month they are paid an allowance equivalent to 50% of the basic state social pension for their special needs.

Benefits are also paid to families with disabled children for utility services, electricity and telephone.

Pensions for incapacity for work are paid to individuals who, on the day that their work capacity level is established, have paid state social insurance for the minimum period to receive the pension for incapacity for work. This minimum compulsory contributory period depends on the individual's age.

The work capacity level is not established in individuals who have attained the age for old-age pension, and they receive the old-age pension. If an individual has been granted and paid the incapacity for work (disability) pension until the day s/he attains the age for the old-age pension, and the old-age pension is granted for the first time after 1 July 2005, the period during which the incapacity for work (disability) pension was paid is recognised as the state social insurance contributory period.

**Table 2: Recipients of social benefits**

	2005	2006	2007
Social benefit for disabled adults	19.2	20.4	21.1
Social benefit for disabled children	16.0	16.0	15.8
Compensation for care expenditure:	16.8	22.2	28.4
for disabled children	1.3	1.4	1.4
Compensation for support expenditure:	10.3	28.5	57.9
for disabled children	6.3	6.8	7.1
Social benefits for disabled soldiers and officers	0.3	0.3	0.3

Unit: Persons (thousands)

Source: Data provided by the Department of Statistics under the Government of the Republic of Lithuania, <<http://www.stat.gov.lt/lt/>>

#### State old-age pensions

The period of pension insurance is the time during which compulsory contributions of the required amount are paid by the individuals themselves or on their behalf. The old-age pension is composed of two amounts: a basic amount and an additional amount.

The basic amount is equal to the basic state social pension and is the same for all individuals who have completed the compulsory contributory period for state social insurance pensions (the amount is reduced proportionally for those who have not completed it). The compulsory period of pension insurance for a full old-age pension is 30 years. The basic pension may not be lower than 110% of the minimum subsistence rate. At the moment, the basic pension is LTL 316.

Individuals are entitled to receive the state old-age pension when they meet the established requirements for age and contributory period to state social insurance for pensions, i.e.:

- a) they have attained the established age for the old-age pension;
- b) they have completed the minimum period of state social insurance for pensions fixed for the old-age pension (the minimum period of insurance for old-age pensions is 15 years).

	2003	2004	2005	2006
<b>Men and women</b>				
Disability pension	162 124	164 188	157 665	162 154
Old-age pension Proportion of total pension beneficiaries %	4.7	4.8	4.6	4.8

\* Percentage calculated by authors based on data supplied by the Department of Statistics under the Government of the Republic of Lithuania, <<http://www.stat.gov.lt/lt/>>

Unit: Persons.

Source: Data provided by the Department of Statistics under the Government of the Republic of Lithuania, <<http://www.stat.gov.lt/lt/>>

	2003	2004	2005	2006	2007
Old-age pension	610.8	602.5	595.5	591.0	590.9
Disability pension	196.3	202.3	206.4	149.3	113.6
Work incapacity pension	..	..	9.8	61.9	99.6

Unit: Persons

Source: Data provided by the Department of Statistics under the Government of the Republic of Lithuania, <<http://www.stat.gov.lt/lt/>>

In 2008 22 400 disabled adults received social benefits. Compared to 2007, the number increased by about 1 300 (in 2007 there were 21 100 disabled adults who received social benefits). In 2008 15 900 disabled children received social benefits (in 2007 the number was 15 800). Compensation for care was paid to 36 000 disabled adults (in 2007, to 27 000 disabled adults). In 2008 the average the social pension for disabled people was 685.10 LT (1 EUR =3.46 LT).

More detailed information can be found at the following sites:

[http://ec.europa.eu/employment\\_social/missoc/2007/tables\\_part\\_4\\_en.pdf](http://ec.europa.eu/employment_social/missoc/2007/tables_part_4_en.pdf)

<http://www.stat.gov.lt/lt>

<http://www.socmin.lt/>

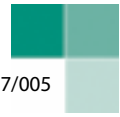
<http://www.parama.net/>

<http://www.globa.lt/>

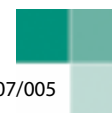
<http://www.smm.lt/>

### 2.3 Policy and practice (summary)

Disability benefit policy does not receive enough attention. The main question is vocational rehabilitation and employment. Income earned by disabled people mostly comes from social projects. There are new laws on social integration and the employment of the disabled, and jobs have also been created. Officially these laws exist, but in reality they function weakly. Disabled people are included in mainstream policies for income protection, with additional expenses resulting from disability partially compensated.



Disabled people who work and receive earnings also get social benefit. However, the number of employed disabled people is still low. The main factors stimulating integration into labour market are individual motivation and the interests of the employer. Pensions and benefits are paid regardless of work. Disability benefit policy has altered its focus to concentrate on equal opportunities and social equality. There are a lot of new important and appropriate laws and programmes, but the gap between the finance provided and real requirements is huge.



## PART THREE: CARE AND SUPPORT

### 3.1 Recent research publications (key points)

**Research on transport services: requirements of the disabled population and preparation of the programme for transport services (2007).** Authors: R.Bikmanienė, [B. Gruževskis](#), V. Jatkevičienė, [R. Junevičius](#), and [A. Pocius](#). This research examined transport services and concessions for the disabled and estimated the requirement for transport services among disabled people who are not able to use public transport. It also estimated the requirements for the National Transport Services for the Disabled Programme. In the first stage of the research, transport services, fares, and concessions for the disabled were examined. The second stage looked at the real requirements of disabled people for transport services and compensation. Members of the main disability organisations participated in the research. Its results were used to prepare the programme of transport services for the disabled.

**Residential care institutions: disciplinary or social care institutions? (author: Eglė Rimšaitė).**

One of the most prevalent forms of care for people with mental disabilities and illnesses in the former Soviet Union and in Central and Eastern Europe is treatment in large institutions – psychoneurological care homes. On the one hand, these institutions are an integral part of social care systems and they pursue the goals of social work: integration, inclusion, and satisfying clients’ needs. On the other, various scientists portray institutions of this type as totalitarian or disciplinary institutions and accuse them of violating human rights and dignity. From the outlook of these two contrasting perspectives, the study analyses the main effect of these institutions: promoting integration into society by supplying social services or aggravating social exclusion by limiting residents’ rights, opportunities and privacy.

**Children’s Rights Situation in Residential Care and Education Institutions in Lithuania.** In 2005, six organisations, namely the Global Initiative on Psychiatry, the Lithuanian Association of Telephone Emergency Services, the “Viltis” Lithuanian Welfare Society for Persons with Disabilities, the Human Rights Monitoring Institute, the Child Support Centre, and the Children’s Rights Ombudsman of the Republic of Lithuania, formed a coalition with the purpose of investigating the children’s rights situation in child care and special education institutions in Lithuania. Between November 2005 and April 2006, experts from the coalition visited 20 institutions involved in the care, support and education of children. Support for the project came from European Commission and the Nordic Council of Ministers.

[http://www.gip-vilnius.lt/leidiniai/children\\_rights\\_situation\\_report.pdf](http://www.gip-vilnius.lt/leidiniai/children_rights_situation_report.pdf)

### 3.2 Types of care and support (key points and examples)

Two types of care are provided in residential institutions: basic and additional. Basic services aim to satisfy basic needs and consist of: providing information and advice, feeding, social work, healthcare, personal hygiene, and arranging employment. Additional services are provided according to the individual wishes of the disabled person.

**Table 5. Applications for residential care from disabled people**

	2005	2006	2007
Applications received	813	555	851
Applications satisfied:			
Residential care	499	300	552
Alternative social services provided	-	85	57
Applications satisfied %	61	77	72

Unit: applications

Source: Data provided by the Department of Statistics under the Government of the Republic of Lithuania, <<http://www.stat.gov.lt/>>

Care provided at home. Services may be provided to disabled people at home to ensure a high quality of life. The main services provided at home are social work, providing information and advice, personal hygiene, health care, feeding, adapting their living space, and housekeeping.

**Table 6: Persons receiving social services at home by place of residence, sex, type of service, group and age**

	2004	2005	2006	2007
<b>Urban areas</b>				
Men				
Social help and care at home				
All persons receiving social help and care at home	1 139	1 109	1 927	928
Elderly persons (of retirement age)	281	237	305	234
Disabled persons of retirement age	512	459	403	443
Disabled persons of working age	165	218	217	204
Disabled children up to 7 years	9	13	3	7
Disabled children from 7-17 years	17	11	16	32
Upbringing of social skills and other social services				
All persons receiving social help and care at home	0	0	0	0
Elderly persons (of retirement age)	0	0	0	0
Disabled persons of retirement age	0	0	0	0
Disabled persons of working age	0	0	0	0
Disabled children up to 7 years	0	0	0	0
Disabled children from 7-17 years	0	0	0	0
Women				
Social help and care at home				
All persons receiving social help and care at home	4 383	4 303	5 578	4 216
Elderly persons (of retirement age)	1 723	1 719	1 828	1 381
Disabled persons of retirement age	2 135	2 029	2 147	2 508
Disabled persons of employable age	204	256	282	284
Disabled children up to 7 years	13	5	4	6
Disabled children from 7-17 years	38	21	30	25
Upbringing of social skills and other social services				
All persons receiving social help and care at home	0	0	0	0
Elderly persons (of retirement age)	0	0	0	0
Disabled persons of retirement age	0	0	0	0
Disabled persons of working age	0	0	0	0
Disabled children up to 7 years	0	0	0	0
Disabled children from 7-17 years	0	0	0	0
<b>Rural areas</b>				
Men				
Social help and care at home				
All persons receiving social help and care at home	1 156	1 245	1 438	650
Elderly persons (of retirement age)	320	279	270	220
Disabled persons of retirement age	294	240	202	267
Disabled persons of employable age	62	110	88	109
Disabled children up to 7 years	3	9	3	13
Disabled children from 7-17 years	9	8	19	40
Upbringing of social skills and other social services				

All persons received social help and care at home	0	0	0	0
Elderly persons (of retirement age)	0	0	0	0
Disabled persons of retirement age	0	0	0	0
Disabled persons of employable age	0	0	0	0
Disabled children up to 7 years	0	0	0	0
Disabled children from 7-17 years	0	0	0	0
Women				
Social help and care at home				
All persons receiving social help and care at home	2 925	2 966	3 242	2 395
Elderly persons (of retirement age)	1 318	1 275	1 327	1 149
Disabled persons of retirement age	808	699	655	1 091
Disabled persons of employable age	115	124	89	129
Disabled children up to 7 years	4	17	2	7
Disabled children from 7-17 years	16	19	25	18
Upbringing of social skills and other social services				
All persons received social help and care at home	0	0	0	0
Elderly persons (of retirement age)	0	0	0	0
Disabled persons of retirement age	0	0	0	0
Disabled persons of working age	0	0	0	0
Disabled children up to 7 years	0	0	0	0
Disabled children from 7-17 years	0	0	0	0

Unit: Persons

Source: Data provided by the Department of Statistics under the Government of the Republic of Lithuania, <<http://www.stat.gov.lt/lt/>>

To ensure better support for the special needs of disabled people, laws provide a systemic approach to meeting their special needs by using special assistance measures. Special assistance measures are measures aimed at meeting special needs and ensuring equal opportunities for disabled people's education, vocational training, and full integration into society. The municipalities are responsible for assessing special needs.

Disabled people receive the following general social services: sign language interpretation, provision of compensatory equipment, assistants, guides, housing adaptation, transportation, information and advice, assistance at home, care homes, financial benefits, meals, provision of basic necessities, etc. Where general social services are insufficient, people receive special social services. They are provided at residential and non-residential social care and rehabilitation institutions.

Temporary care is extended to people who require it on the basis of their general physical or psychosocial ability. This ability is assessed by local governments and by medical committees.

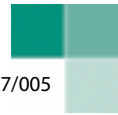
Help at home is provided in the Catalogue of Social Services: feeding, food preparation, help with eating, and doing dishes; adapting a person's living space; housework; and general monitoring.

From 1 July 2005, disabled people over 18 and under old-age pension age are attributed a level of capacity for work instead of being allocated to a disability group.

The work capacity level is set at an interval of five percentage points, i.e. if a person is recognised as having 0-25% of normal capacity for work, s/he is deemed to be incapable of work; in cases of 30-55% capacity as partially capable; and in cases of 60-100% capacity as capable of work.

The Law on the Social Integration of the Disabled pays particular attention to vocational





rehabilitation. Vocational rehabilitation is defined as rehabilitation or improvement of an individual's capacity for work, professional competence and ability to participate in the labour market by using educational, social, psychological, rehabilitation and other measures. The following vocational rehabilitation services are provided: career guidance and advice, assessment, rehabilitation or development of professional skills, and re-qualification. Vocational rehabilitation is aimed at developing or restoring a person's capacity for work and improving their opportunities to find work. After a person has completed the vocational rehabilitation programme, the Disability and Capacity for Work Service determines their final level of capacity for work.

Disabled persons with impaired mobility are reimbursed for transport costs and the costs of acquisition and technical adaptation of special cars. This compensation is paid to disabled people who receive state pensions by the local state social insurance fund board ("Sodra") from the state budget.

The need for the reimbursement of transport costs and costs of acquisition and technical adaptation of special cars is established and relevant certificates issued by:

1. The Disability and Capacity for Work Assessment Office under the Ministry of Social Security and Labour – to persons under the age of retirement;
2. The Medical Advisory Commission of a health care institution where the person in question has been registered – to persons who have attained retirement age.

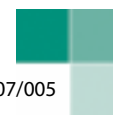
Disabled people have the right to buy single-journey tickets for regular traveling long-distance buses, passenger tickets and single-journey or monthly personal tickets for local (city and suburban) scheduled buses, trolleybuses, trains, ships and ferries with an 80% discount as well as for one accompanying person (for people recognised as incapable of work [0-25%] and people eligible for old-age pensions with an established level of severe special needs as required by legislation).

The current system of care and support provides support and services to disabled people living almost anywhere in the country. If necessary, local government social workers must provide all services for a disabled person.

All disabled persons can manage their own finances for care and support, except in cases when a court has ordered a guardian due to a person's mental incapacity. When the person is in an institution, the pension covers part of the costs of their care. The person also has a small amount of money for their everyday needs.

The financial resources of the individual disabled person or their family may have a huge effect on the quality of care and support, especially on the quality of long-term care (private nursing and special rehabilitation services).

In 2008 there were 26 care institutions for disabled people, most of them administered by districts. The number of disabled people in care institutions is decreasing but at an insignificant rate. At the end of 2008 there were 5 300 disabled people in residential institutions; in 2006 there were 5 400. In 2008 there were four care institutions for disabled children; 711 disabled children lived there (733 in 2006). In 2008, 18 100 disabled adults and 2 000 disabled children received social services at day care centres; about 3 800 disabled people received social services or social care at home.



## PART FOUR: SUMMARY INFORMATION

### 4.1 Conclusions and recommendations (summary)

The policies described are ambiguous. There is intense political pressure to create inclusive legislation, environments, practices, etc. The influence of European policy and support (especially Scandinavian) is considerable. The participation of Lithuanian authorities, practitioners and disability associations in European networks for the inclusion of disabled is especially valuable because of the chance to share experience and create a common knowledge base. However the latent negative attitudes of all kinds of actors can be observed in very different areas of life. The legislation is often conflicting: one legal act can contain two contradictory instructions, one of which is oriented towards inclusion, the other towards segregation. The same goes for political, academic and practical discourses – there is a considerable lack of reflection on disability paradigms, attitudes, prejudices, biases, and behaviours. There is also great tension between inclusion policy and the large institutions for disabled adults which are examples of totalitarian segregation. The issues faced by different groups of disabled people are not yet the subject of political discourse; there is only rare academic interest in this.

There is a need in Lithuania for reflection on disability paradigms at all levels (political, practical, and academic). More focus on adult (and elderly) disabled people and on men and women separately is also needed. There is a great need for real political will and decisions with international support to close totalitarian institutions and to transform the institutional care system into a community-living model. This question is often raised by experts and associations, but no political will is apparent and no decisions have been taken.

### 4.2 One example of best practice (brief details)

The aim of the project was to decrease the social segregation of disabled people, incorporating a new model of engagement.

- Why is it a good example (e.g. with reference to the objectives of the Open Method of Coordination, the aims of EU Disability Action Plan or the UN Convention)?

This model of engagement with people with hearing loss is one of the first in Lithuania. It increases the integration of people with hearing loss into the job market by activating the placement process and introducing innovations.

- Which groups have benefited from the scheme? How many?

People with hearing loss. Total number of 159 people; 105 found employment.

- What do we know about the costs and benefits of the scheme?

10 334 038 LTL (1 EUR = 3.45 LTL)

- How could this example be expanded within your country, or transferred to other countries?

The idea can be implemented in any community aiming to integrate people with hearing loss into the labour market.



### 4.3 References

<http://www.stat.gov.lt/lt/>

<http://www.ldb.lt/Informacija/Puslapiai/default.aspx>

<http://www.socmin.lt/>

<http://www.ndnt.lt/>

<http://www.globa.lt/>

<http://www.lygybe.lt/>

<http://www.smm.lt/>

<http://www.aikos.smm.lt/aikos/webdriver.exe?Mlval=/DizPirmas.html>

<http://www.svis.smm.lt/>